

**TD F 90-22.1**(Rev March 2011)  
Department of the TreasuryDo not use previous editions of  
this form**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**

Internal Revenue Service

LB&amp;I-IIC Team

OCT 07 2014

OMB No. 1145-2038

1 This Report is for Calendar  
Year Ended 12/31**2010**Amended 

Do NOT file with your Federal Tax Return

Received  
OVDI**Part I Filer Information**

2 Type of Filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or Other — Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number

4 Foreign identification (Complete only if item 3 is not applicable)

5 Individual's Date of Birth  
MM/DD/YYYY

[REDACTED] 0937

a Type:  Passport  Other \_\_\_\_\_If filer has no U.S. Identification  
Number complete Item 4.

b Number \_\_\_\_\_

c Country of Issue \_\_\_\_\_

[REDACTED] 1932

6 Last Name or Organization Name

7 First Name

8 Middle Initial

REYES

JUAN D.

9 Address (Number, Street, and Apartment or Suite Number)

72 DARTMOUTH STREET

10 City

11 State

12 ZIP/Postal Code

13 Country

FOREST HILLS

NY

11375

US

**Exhibit**

V

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If 'Yes' enter total number of accounts \_\_\_\_\_

(If 'Yes' is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

16 Type of account a  Bank b  Securities c  Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City

21 State, if known

22 Zip/Postal Code, if known

23 Country

**Signature***[Signature]*

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

*8.2.17*

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

**Part II | Continued – Information on Financial Account(s) Owned Separately**

Form TD F 90-22.1

**Complete a Separate Block for Each Account Owned Separately**

Page Number

This side can be copied as many times as necessary in order to provide information on all accounts.

2 of 4

1 Filing for calendar year  2010	3-4 Check appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number  <input type="checkbox"/> Foreign identification Number  Other identification number here:  0937	6 Last Name or Organization Name  REYES
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
17 Name of Financial Institution in which account is held		
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
20 City		21 State, if known 22 Zip/Postal Code, if known 23 Country
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
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15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
17 Name of Financial Institution in which account is held		

Part III Information on Financial Account(s) Owned Jointly Complete a Separate Block for Each Account Owned Jointly				Form TD F 90-22.1 Page Number 3 of 4
<p>This side can be copied as many times as necessary in order to provide information on all accounts.</p> <p>1 Filing for calendar year      3-4 Check appropriate Identification Number</p> <p><u>2010</u>      <input checked="" type="checkbox"/> Taxpayer Identification Number  <input type="checkbox"/> Foreign Identification Number          Enter identification number here:  <b>0937</b></p>				6 Last Name or Organization Name  <b>REYES</b>
15 Maximum value of account during calendar year reported  <b>2,161,500.</b>		16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
<p>17 Name of Financial Institution in which account is held  <b>LLOYDS BANK TSB</b></p> <p>18 Account number or other designation      19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held  <b>250 ST. PETERSTRASSE 16</b></p> <p>20 City      21 State, if known      22 Zip/Postal Code, if known      23 Country  <b>ZURICH SWITZERLAND</b></p> <p>24 Number of joint owners for this account      25 Taxpayer Identification Number of principal joint owner, if known. See instructions.  <b>1</b></p>				
26 Last Name or Organization Name of principal joint owner  <b>REYES</b>		27 First Name of principal joint owner, if known  <b>CATHERINE</b>		28 Middle initial, if known
<p>29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known</p> <p>30 City, if known      31 State, if known      32 Zip/Postal Code, if known      33 Country, if known</p>				
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
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26 Last Name or Organization Name of principal joint owner		27 First Name of principal joint owner, if known		28 Middle initial, if known
<p>29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known</p> <p>30 City, if known      31 State, if known      32 Zip/Postal Code, if known      33 Country, if known</p>				
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
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26 Last Name or Organization Name of principal joint owner		27 First Name of principal joint owner, if known		28 Middle initial, if known
<p>29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known</p> <p>30 City, if known      31 State, if known      32 Zip/Postal Code, if known      33 Country, if known</p>				

<b>Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)</b>						Form TD F 90-22.1 Page Number <u>4</u> of <u>4</u>
Complete a Separate Block for Each Account						
This side can be copied as many times as necessary in order to provide information on all accounts.						

1 Filing for calendar year  <u>2010</u>	3-4 Checked appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number  <input type="checkbox"/> Foreign Identification Number  Enter identification number here:  <u>0937</u>	6 Last Name or Organization Name  <u>REYES</u>
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15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank    b <input type="checkbox"/> Securities    c <input type="checkbox"/> Other — Enter type below
---	---

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
--	---	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
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34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner
--	--

36 First Name	37 Middle initial	38 Address (Number, Street, and Apartment or Suite No.)
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39 City	40 State	41 Zip/Postal Code	42 Country
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43 Filer's Title with this Owner			
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15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank    b <input type="checkbox"/> Securities    c <input type="checkbox"/> Other — Enter type below
---	---

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
--	---	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
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34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner
--	--

36 First Name	37 Middle initial	38 Address (Number, Street, and Apartment or Suite No.)
---------------	-------------------	---

39 City	40 State	41 Zip/Postal Code	42 Country
---------	----------	--------------------	------------

43 Filer's Title with this Owner			
----------------------------------	--	--	--

15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank    b <input type="checkbox"/> Securities    c <input type="checkbox"/> Other — Enter type below
---	---

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
--	---	--	--

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
---------	--------------------	------------------------------	------------

34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner
--	--

36 First Name	37 Middle initial	38 Address (Number, Street, and Apartment or Suite No.)
---------------	-------------------	---

39 City	40 State	41 Zip/Postal Code	42 Country
---------	----------	--------------------	------------

43 Filer's Title with this Owner			
----------------------------------	--	--	--

TD F 90-22.1

(Rev January 2012)  
Department of the TreasuryDo not use previous editions of  
this formREPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS

Internal Revenue Service

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31

2011

Amended 

Do NOT file with your Federal Tax Return

Received  
OVDI

## Part I Filer Information

## 2 Type of Filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or Other — Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number

4 Foreign identification (Complete only if item 3 is not applicable)

5 Individual's Date of Birth

MM/DD/YYYY

0937

a Type:  Passport  Other \_\_\_\_\_

1932

If filer has no U.S. Identification  
Number complete Item 4.

b Number \_\_\_\_\_ c Country of Issue \_\_\_\_\_

6 Last Name or Organization Name

7 First Name

8 Middle Initial

REYES

JUAN D.

9 Address (Number, Street, and Apartment or Suite Number)

72 DARTMOUTH STREET

10 City

11 State

12 ZIP/Postal Code

13 Country

FOREST HILLS

NY

11375

USA

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If 'Yes' enter total number of accounts \_\_\_\_\_

(If 'Yes' is checked, do not complete Part II or Part III, but retain records of this information)

 No

## Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

16 Type of account a  Bank b  Securities c  Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City

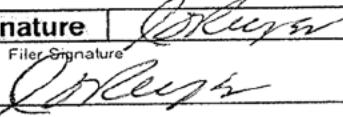
21 State, if known

22 Zip/Postal Code, if known

23 Country

Signature

44 Filer Signature



45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

8-3-17

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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POSTMARK DATE RECEIVED DATE

767	J 9 3 0 2014	1002 2014
AUSTIN, TEXAS		IRS-AUSC

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The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

**Part II Continued – Information on Financial Account(s) Owned Separately**

Form TD F 90-22.1

**Complete a Separate Block for Each Account Owned Separately**

Page Number

This side can be copied as many times as necessary in order to provide information on all accounts.

2 of 3

1 Filing for calendar year  2011	3-4 Check appropriate identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number  <input type="checkbox"/> Foreign Identification Number  Enter identification number here:  0937	6 Last Name or Organization Name  REYES
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
17 Name of Financial institution in which account is held		
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
20 City		21 State, if known 22 Zip/Postal Code, if known 23 Country
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18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
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17 Name of Financial Institution in which account is held		
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
20 City		21 State, if known 22 Zip/Postal Code, if known 23 Country

Part III Information on Financial Account(s) Owned Jointly Complete a Separate Block for Each Account Owned Jointly				Form TD F 90-22.1 Page Number 3 of 3
This side can be copied as many times as necessary in order to provide information on all accounts.				
1 Filing for calendar year  2011	3-4 Check appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number  Foreign Identification Number  Enter identification number here: 0937	6 Last Name or Organization Name  REYES		
15 Maximum value of account during calendar year reported  2,113,813		16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
17 Name of Financial Institution in which account is held  LLOYDS BANK TSB				
18 Account number or other designation  250		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held  ST. PETERSTRASSE 16		
20 City  ZURICH		21 State, if known	22 Zip/Postal Code, if known	23 Country  SWITZERLAND
24 Number of joint owners for this account  1		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.		
26 Last Name or Organization Name of principal joint owner  REYES		27 First Name of principal joint owner, if known  CATHERINE		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known				
30 City, if known		31 State, if known	32 Zip/Postal Code, if known	33 Country, if known
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
17 Name of Financial Institution in which account is held				
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24 Number of joint owners for this account		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.		
26 Last Name or Organization Name of principal joint owner		27 First Name of principal joint owner, if known		28 Middle initial, if known
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30 City, if known		31 State, if known	32 Zip/Postal Code, if known	33 Country, if known
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
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29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known				
30 City, if known		31 State, if known	32 Zip/Postal Code, if known	33 Country, if known

TD F 90-22.1

(Rev January 2012)  
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AND FINANCIAL ACCOUNTS

DO NOT file with your Federal Tax Return

Internal Revenue Service

LB&amp;I-IC Team

OMB No. 1545-2038

OCT 07 2014

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Ended 12/31

2012

Received  
OVD!Amended 

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## 2 Type of Filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or Other — Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number

0937

4 Foreign Identification (Complete only if item 3 is not applicable)

a Type:  Passport  Other

5 Individual's Date of Birth

MM/DD/YYYY

If filer has no U.S. Identification  
Number complete Item 4.

b Number

c Country of Issue

1932

6 Last Name or Organization Name

REYES

7 First Name

JUAN D.

8 Middle Initial

9 Address (Number, Street, and Apartment or Suite Number)

72 DARTMOUTH STREET

10 City

11 State

12 ZIP/Postal Code

13 Country

FOREST HILLS

NY 11375 USA

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If 'Yes' enter total number of accounts \_\_\_\_\_

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## Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

16 Type of account

a

Bank

b

Securities

c

Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

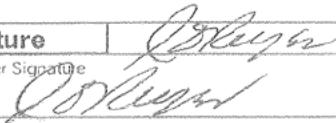
20 City

21 State, if known

22 Zip/Postal Code, if known

23 Country

Signature



44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

5/3/14

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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**POSTMARK DATE RECEIVED DATE**  
 767 09 30 2014 1002 2014  
**AUSTIN, TEXAS**

<b>Part III Information on Financial Account(s) Owned Jointly</b>			Form TD F 90-22.1 Page Number 2 of 2
Complete a Separate Block for Each Account Owned Jointly This side can be copied as many times as necessary in order to provide information on all accounts.			
<b>1</b> Filing for calendar year  <u>2012</u>	<b>3-4</b> Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <b>0937</b>	<b>6</b> Last Name or Organization Name  <b>REYES</b>	
<b>15</b> Maximum value of account during calendar year reported  <b>2,086,955</b>		<b>16</b> Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
<b>17</b> Name of Financial Institution in which account is held  <b>LLOYDS BANK TSB</b>			
<b>18</b> Account number or other designation  <b>250</b>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held  <b>ST. PETERSTRASSE 16</b>		
<b>20</b> City  <b>ZURICH</b>	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country  <b>SWITZERLAND</b>
<b>24</b> Number of joint owners for this account  <b>1</b>	<b>25</b> Taxpayer Identification Number of principal joint owner, if known. See instructions.		
<b>26</b> Last Name or Organization Name of principal joint owner  <b>REYES</b>		<b>27</b> First Name of principal joint owner, if known  <b>CATHERINE</b>	<b>28</b> Middle initial, if known
<b>29</b> Address (Number, Street, Suite or Apartment) of principal joint owner, if known			
<b>30</b> City, if known	<b>31</b> State, if known	<b>32</b> Zip/Postal Code, if known	<b>33</b> Country, if known
<b>15</b> Maximum value of account during calendar year reported		<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
<b>17</b> Name of Financial Institution in which account is held			
<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
<b>20</b> City	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country
<b>24</b> Number of joint owners for this account	<b>25</b> Taxpayer Identification Number of principal joint owner, if known. See instructions.		
<b>26</b> Last Name or Organization Name of principal joint owner		<b>27</b> First Name of principal joint owner, if known	<b>28</b> Middle initial, if known
<b>29</b> Address (Number, Street, Suite or Apartment) of principal joint owner, if known			
<b>30</b> City, if known	<b>31</b> State, if known	<b>32</b> Zip/Postal Code, if known	<b>33</b> Country, if known
<b>15</b> Maximum value of account during calendar year reported		<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
<b>17</b> Name of Financial Institution in which account is held			
<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
<b>20</b> City	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country
<b>24</b> Number of joint owners for this account	<b>25</b> Taxpayer Identification Number of principal joint owner, if known. See instructions.		
<b>26</b> Last Name or Organization Name of principal joint owner		<b>27</b> First Name of principal joint owner, if known	<b>28</b> Middle initial, if known
<b>29</b> Address (Number, Street, Suite or Apartment) of principal joint owner, if known			
<b>30</b> City, if known	<b>31</b> State, if known	<b>32</b> Zip/Postal Code, if known	<b>33</b> Country, if known